

<b>Case Number:</b>	CM15-0168191		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 66-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 12, 2010. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a request for MRI imaging of the knee. The claims administrator referenced a July 9, 2015 office visit in its determination. The claims administrator's decisions were based on ACOEM and ODG Guidelines, but did not incorporate the same into its report. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported multifocal complaints of shoulder, elbow, and wrist pain with associated upper extremity paresthesias reportedly attributed to cumulative trauma at work. There was no seeming mention of knee pain complaints in box 17 of the Doctor's First Report (DFR). The applicant's knees were not seemingly examined in box 19 of the report. Acupuncture, electro diagnostic testing of bilateral upper extremities, x-rays of the bilateral wrists, bilateral shoulders, and bilateral elbows and bilateral hips were ordered along with MRI imaging of the bilateral elbows and bilateral shoulders as well as MR arthrography of the bilateral wrists. A functional capacity evaluation was endorsed. The applicant was seemingly kept off of work. The requesting provider was a chiropractor (DC). There was no mention of how said studies would influence or alter the treatment plan. On an RFA form dated July 16, 2015, the attending provider did seek authorization for MRI imaging of thoracic spine, lumbar spine, and bilateral knees, seemingly without any supporting rationale or commentary.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** No, the request for MRI imaging of the right knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that such testing is indicated only if surgery is being considered or contemplated. Here, however, neither the attending provider's July 10, 2015 DFR nor the attending provider's July 16, 2015 RFA form made any mention of the applicant's willingness to consider or contemplate surgical intervention involving the effected right knee. In fact, the July 10, 2015 DFR did not explicitly discuss any symptoms involving the right knee. It was not clearly stated what was sought insofar as the right knee was concerned. It was not clearly stated whether a meniscus tear was in fact suspected or not. The fact that multiple different imaging studies were sought, including studies of the bilateral wrists, bilateral shoulders, bilateral elbows, bilateral knees, thoracic spine, lumbar spine, etc., strongly suggested that said testing was in fact being performed for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.